

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION President		CB/ID No.	DIVISION or BUREAU OOP			INDEX NUMBER 3000
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR 5/11		(6) LOCATION WHERE EXPENSES WERE INCURRED		(7) LODGING	(8) MEALS BREAK-FAST LUNCH		(9) INCIDENTALS	(10) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
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(5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
											MILES	AMOUNT		
11	08:30 16:30	Sao Paulo-Dallas	304.75									0.00		304.75
12		Dallas	304.75									0.00		304.75
13		Dallas	304.75									0.00		304.75
14	16:40	Dallas-SF										0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			914.25	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	914.25

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$914.25

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/11-14 Presentation on CIRM at Council of Physicians and Scientist

2010OOP09

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 7/27/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7/28/2011
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]			DATE